IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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PHONE 208-334-6626
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September 8, 2010

Rene Stephens, Administrator
Clear Creek Home
1411 Falls Avenue East, Suite 703
Twin Falls, ID 83301

RE: Clear Creek Home, Provider #13G074

Dear Ms. Stephens:

This is to advise you of the findings of the Medicaid/Licensure survey of Clear Creek Home, which was conducted on September 2, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner**:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form(s) in the space provided at the bottom of the first page.

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of

being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions, which require construction, competitive bidding or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **September 21, 2010,** and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by September 21, 2010. If a request for informal dispute resolution is received after September 21, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

Michael Case
Health Facility Surveyor
Non-Long Term Care

Nicole Wisenor
Co-Supervisor
Non-Long Term Care

MC/nm
Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G074	A. BUILDING _____ B. WING _____	09/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEAR CREEK HOME	797 CASWELL WEST TWIN FALLS, ID 83301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Michael Case, LSW, QMRP, Team Lead Common abbreviations/symbols used in this report are: IPP - Individual Program Plan LPN - Licensed Practical Nurse	W 000	RECEIVED SEP 17 2010 FACILITY STANDARDS	
W 370	483.460(k)(3) DRUG ADMINISTRATION The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure medications were administered only by licensed personnel in accordance with state law for 1 of 4 individuals (Individual #1) who were observed taking medications. This resulted in medication being administered contrary to State law. The findings include: 1. Individual #1's 7/6/10 IPP stated she was a 19 year old female whose diagnoses included severe mental retardation and cerebral palsy. Her Physician's Order, dated 8/24/10, stated she was to receive baclofen (an autonomic nervous system drug) 30 mg three times daily for spasticity. During an observation on 8/31/10 from 6:50 - 8:10 a.m., Individual #1 was observed to participate in	W 370		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerri Stephens	Administrator	9/16/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 370	Continued From page 1 a medication administration routine. During that time, staff were observed to use hand over hand assistance to punch Individual #1's baclofen from a blister pack onto a clean paper towel. The blister pack contained 1 and 1/2 tablets of baclofen 20 mg, making a total dose of 30 mg. The staff obtained cheerios and placed one on each side of the 1/2 tablet. The staff then placed the 1/2 tablet and cheerios into Individual #1's mouth. The process was repeated with the full tablet. Individual #1 was not observed to participate in the process. Idaho Administrative Code 23.01.01.490, dated 2010, defined Unlicensed Assistive Personnel (UAP) as unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. Additionally, Idaho Administrative Code 23.01.01.490.06 states unlicensed assistive personnel are prohibited from performing any licensed nurse functions that are specifically defined in Section 54-1402, Idaho Code. Idaho Code 54-1402(3)(d) states licensed nurses are responsible for implementing the appropriate aspects of the strategy of care as defined by the board, including administering medications and treatments as prescribed by those health care providers authorized to prescribe medication. When asked during an interview on 9/2/10 from 8:20 - 9:20 a.m., the staff stated she had always given Individual #1 her medication in the manner observed. The LPN, who was present during the interview, stated the medication should have been placed in yogurt. Individual #1 should then have been provided hand over hand assistance to feed herself the medication with a spoon. The	W 370	W 370 It is the policy of the facility that the staff may assist in the self administration of medication but they are prohibited by law from administering medications. Only a licensed nurse may administer medications. This policy is trained to staff during the Self Administration of Medications in-service given by the facility nurse. Each individual has a Self Administration of Medication program directed towards skill development, involvement and increased independence. The facility policy and IDAPA code will be reviewed with all employees at the all staff meeting on September 22, 2010. In addition, individual formal objectives will be reviewed during monthly house staff meetings to ensure proper implementation of the training objectives. Agency will implement a system Program Reliability Checks to ensure that delivery of medications is consistent with established policy, program, and regulatory processes. This will be done with new as well as experienced staff to ensure consistency within the agency Facility Manager, QMRP, QAM, and LPN will ensure that the Self Administration of Medications Program is consistently applied via Program Reliability Checks. Monthly if not sooner PRC (Program Reliability Checks) conducted specific to Self Administration of Medications to ensure that any errors are caught before completion and corrected. Retraining and application of consistent PRC processes will be in place by 10/15/2010	

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W 370	Continued From page 2 LPN stated staff should not have fed the medication to Individual #1. The facility failed to ensure non-licensed staff did not administer Individual #1's medications.	W 370		

Bureau of Facility Standards

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MM755	16.03.11.270.02(f)(ii)(a) Resident unable to Self-Administrate If the resident is not capable of self-administration of medications under staff supervision, this fact must be documented in the resident's assessment. Such residents cannot be accepted by facilities unless a licensed nurse is on duty to administer and record such medications. This Rule is not met as evidenced by: Refer to W370.	MM755	See W370	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rene Stephens — TITLE: Administrator — (X6) DATE: 9/16/10